

**OWNER'S OR OWNER'S AGENTS' STATEMENT**



**Owner's/Agents Name:**.....

**(Please delete one)**

**Address:**.....

.....

**Tel:**.....**Mobile:**.....

**Email:**

**Horse's Registered Name:**..... **Paddock name:**

**Sire:**.....**Dam:**.....**Age:**.....

**Colour:**..... **Sex:**.....**Breed:**.....

**Brands: LS:**

**RS:**

**Microchip No#:**

How long have you been acquainted with this horse?.....

How long have you had this horse under your personal care?.....

Do you have knowledge of any of the following? **Please indicate an answer to each question.**

- a. Past or present disease? Yes / No
- b. Lameness? Yes / No
- c. Accidents? Yes / No
- d. Vices (Stable or ridden)? Yes / No
- e. Abnormalities? Yes / No
- f. Surgery? Yes / No
- g. Medications (particularly recent, including intra-articular injections specifically)? Yes / No
  
- h. Has the horse ever bled from the nostrils? Yes / No
- i. Had the horse ever had signs of colic? Yes / No
- j. Is the horse a head shaker? Yes / No
- k. Has the horse ever suffered from Ryegrass Staggers? Yes / No
- l. Any history of rhabdomyolysis (tying-up)? Yes / No

Has this horse been examined by another veterinarian in the previous three months?

**Yes / No**

If so, for what purpose?:

Use to which you understand the horse will be put?

Do you have any knowledge of past performance of this horse for the proposed use?

Is the horse in: Training YES/NO or Spelling YES/NO – Please delete one

How long has the horse been in training?

Or Spelling?

Who is the horse's usual veterinary attendant?

Signature of Owner/Owners Agent

Date:

**Ph: (07) 827 5570 11 Pickering Road, Cambridge**  
**Website: www.wevc.co.nz Email: admin@wevc.co.nz**

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• Dr G.C Quinn BVSc, Cert ES, Diploma ECVS, Registered Specialist Equine Surgeon • Dr N Power MVB  
• Dr C Stalker BVSc MANZCVS • Dr A Leander BVSc MPhil • Dr C Dingemans BVSc • Dr M F Bertram BVSc  
• Dr J O'Brien BVSc MRCVS • Dr R Costello MVB CAC • Dr E Sherlock BVetMed MRCVS